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To: Examiner David T. Fidei, Group 3728 From: Elliot Goldberg 

Fax: 571-273-8300 Date: December 30, 2005

Phone: 571-272-4553 Pages: 13 (including cover sheet)

Your Ref.: Appln. No.: 10/649,865 Our Ref.: 2786-0242P

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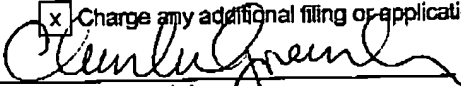
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Comments:

DEC 30 2005

MS AF
REPLY UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP

AMENDMENT TRANSMITTAL LETTER				Docket No. 2786-0242P																																											
Application No. 10/649,865-Conf. #6370		Filing Date August 28, 2003		Examiner D. Fidei																																											
Art Unit 3728																																															
Applicant(s): Liat DE-VRIES																																															
Invention: TISSUE CONTAINER WITH AUXILIARY COMPARTMENT																																															
<p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1"> <thead> <tr> <th colspan="6">CLAIMS AS AMENDED</th> </tr> <tr> <th></th> <th>Claims Remaining After Amendment</th> <th>Highest Number Previously Paid</th> <th>Number Extra Claims Present</th> <th>Rate</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>35</td> <td>- 44 =</td> <td></td> <td>x</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>- 4 =</td> <td></td> <td>x</td> <td></td> </tr> <tr> <td colspan="6">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6">Other fee (please specify):</td> </tr> <tr> <td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td>0.00</td> </tr> </tbody> </table> <p> <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity <input checked="" type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. </p> <p>  Charles Gorenstein Attorney Reg. No.: 29,271 BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000 </p> <p>Dated: <u>December 30, 2005</u></p>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	35	- 44 =		x		Independent Claims	3	- 4 =		x		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
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Docket No.: 2786-0242P
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Liat DE-VRIES

Application No.: 10/649,865

Confirmation No.: 6370

Filed: August 28, 2003

Art Unit: 3728

For: TISSUE CONTAINER WITH AUXILIARY
COMPARTMENT

Examiner: D. Fidei

THIRD REPLY UNDER 37 C.F.R. § 1.116

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U.S. Patent and Trademark Office
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Alexandria, Virginia 22314

Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated September 2, 2005, finally rejecting claims 31, 33-35, 48, 54-56 and 61, and further to the Reply filed December 19, 2005, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

Birch, Stewart, Kolasch & Birch, LLP

CG/EAG/vd